

PATENT

Attorney Docket No. KEB-32033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUN 14 2005

Applicant : KEBERLEIN, Gerald
Serial No. : 10/613,184
Filing Date : July 3, 2003
For : Wedged Tissue Container
Group Art Unit : 3653
Confirmation No. : 4946
Examiner : Bollinger, David H.

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
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Transmission

- ☒ transmitted by facsimile to Fax No.: 1-703-872-9306 addressed to Examiner Bollinger at the U.S. Patent and Trademark Office.

Date: June 14, 2005

Rosa Stong
Rosa Stong

9391

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTALRECEIVED
OIPE/IAP

1. Transmitted herewith is:
Amendment and Response

JUN 14 2005

STATUS

2. Applicant is a small entity.

06/15/2005 MBINAS 00000011 232053 10613184
01 FC:2252 225.00 DA

MKE/1046137.1

USSN: 10/613,184

KEBERLEIN, Gerald

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.
- [] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
- [X] Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)]:

Extension (months)	Fee for other than small entity	Fee for small entity
[] one month	\$ 120.00	\$ 60.00
[X] two months	\$ 450.00	\$ 225.00
[] three months	\$ 1,020.00	\$ 510.00
[] four months	\$ 1,590.00	\$ 795.00
		Fee: <u>\$225.00</u>

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 9	Minus	21	=	x 25= \$	\$ 0	x 50	\$ 0
Independent 1	Minus	4	=	x 100= \$	\$ 0	x 200	\$ 0

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$

- c. [X] No additional fee for claims is required.
- d. [] Total additional fee for claims required \$

FEE PAYMENT

5. [X] Charge Deposit Account 23-2053 in the amount of \$ 225.00 for any extension and/or fee required or credit for any excess fee paid.
- [] Attached is a check in the sum of \$ _____

MKE/1046137.1

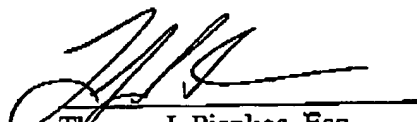
USSN: 10/613,184

KEBERLEIN, Gerald

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-2053.
☒ If any additional fee for claims is required, charge Account No. 23-2053.

Date: June 14, 2005


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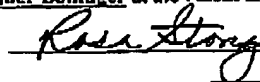
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37 CFR 1.10
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Alexandria, VA 22313-1450

Dear Sir:

AMENDMENTINTRODUCTORY COMMENTS

This amendment is made in response to an Office Actions mailed July 2, 2004. Please enter the amendment for the above-identified application.

Amendments to the Claims begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

MKE/1025816.1